Youth Friendly Health Center Guidelines

These guidelines provide a set of minimum standards for the delivery of effective youth friendly health services to young people in Quetta, Balochistan.

RIGHT HERE
RIGHT NOW

Contents

INTRODUCTION

The guidelines provide information about the international standards of youth friendly health services tailored according to the cultural sensitivities and needs of the youth in Balochistan. The guidelines allow for better access and utilization of services by young people. At the core of these guidelines is an understanding that health especially sexual and reproductive health and rights are basic human rights. And that every young person's need for health information and services vary based on a number of factors such as their age, gender, culture, life experiences, social economic situation, disabilities, educational background etc. The age that defines young people varies among different countries and organizations. This document considers young people as individuals between ages 10-29 years, as defined by the laws of Pakistan, thus encompassing both the adolescent and youth period. The guidelines are specifically being drafted for the Youth Friendly Health center in Quetta.

The guidelines will enable the center to ensure that the internal policies and procedures cover the essential components mentioned in these guidelines.

The guidelines are based on existing international and regional guidelines and consultations with Young Omang network organizations and young people.

SITUATION ANALYSIS

Pakistan currently has the largest population of young people ever recorded in its history, according to a comprehensive National Human Development Report (NHDR).

It is one of the youngest countries in the world and the second youngest in the South Asian region after Afghanistan, the report revealed that 64 per cent of the total population is below the age of 30, and 29 per cent is between the ages of 15-29 years.

Experts agree that Pakistan's future will be determined by those who were between 15 and 29 years of age in 2019. The most important factor to ensure a bright future for Pakistan is to invest in young people's health especially their SRHR.

In Pakistan 9.45 million children at the primary level were out of school in 2015 as there are no appropriate measures in place it is safe to say the number can only increase. According to a UNFPA study 16 million adolescent girls become mothers every year. It is also estimated that globally, out of the 6,800 new HIV infections each day, 40 percent are among young people.

The need for information and services for young people has gained recognition especially in the context of HIV and AIDS. However, in Pakistan the misconception strongly exists that the availability of services may encourage an early onset of sexual activity among adolescents as a result the availability, access and utilization of services for young people remains low.

Youth is divided into two major age categories; the group belonging to age 11 to 19 are called adolescence and from 20 to 29 are referred to as young people. Adolescence is an important age that marks the onset of puberty with a number of emotional, physical, social, emotional and psychological changes. Adolescents and young people are recognized as a diverse group with varying capacities and opportunities based on age, gender, schooling, marital status, economic and cultural background etc. Health including sexual and reproductive health is recognized as a basic and universal human right.

The importance of addressing the needs and rights of the diverse group of adolescents and young people is global recogned as important determinants for improving the socioeconomic, political,

health, education and human rights conditions of the world. The implications of the gender and class inequities, experiences of sexual and physical violence, early and child marriages, war and conflicts, lack of information and rights to education, health, political participation etc. are also important factors.

Youth Sexual and Reproductive Health & Rights-SRHR

Survey and researches in Pakistan point to the lack of information among young people regarding sexual and reproductive health issues as well as reluctance in the society to discuss these issues openly. A Young Omang study conducted for drafting recommendations for UPR concluded that adolescents had very little information about sexual and reproductive health that could equip them to deal with the changes taking place during adolescence. The study also points to the strong cultural barriers that inhibit the discussion of, or around, all issues associated with sexual and reproductive health of young people.

The lack of information and access to services increases vulnerabilities of young people to sexual abuse and exploitation, drug abuse and sexually transmitted diseases including HIV. Due to the gender inequities and discrimination, the issues and challenges experienced by young girls have also been observed. Girls have far less opportunities for education, participation, mobility, more experiences of physical and sexual violence in their life time and poor health in general and sexual and reproductive health in specific.

In a research study by Rutgers WPF adolescents and young adults reported discomfort in sharing SRH issues with health professionals especially the neighboring/community doctor for the fear that he/she will inform the young person's parents. The study states the lack of confidence on health care providers as the reasons for young people to seek services from quacks. Besides highlighting the need for information to young people about SRH issues and rights, the study recommends the sensitization of service providers to extend SRH friendly youth services with confidentiality as its core principle. Rozan in its analysis of the calls received by its Youth Helpline recommends forming strategies to increase effective outreach to girls as well as holistic SRH services where young people don't fear being judged or misunderstood.

Consultations with various stakeholders such as parents, teachers and religious scholars revealed that they are generally unaware of adolescents and youth SRH needs and their vulnerabilities. However, due to social, cultural and structural hindrances to address SRH issues with adolescents and youth, parents and teachers choose to remain quiet on the subject.

AVAILABLE SERVICES FOR YOUNG PEOPLE

Vision 2025 aims to improve the health of all Pakistanis, particularly women and children, through universal access to affordable quality essential health services, to attain Sustainable Development Goals and fulfill its other global health responsibilities.

In 2010 health, population and education subjects were devolved to provinces. The 2015 Balochistan Youth Policy's basic function is to engage the young population in economic, social and political/civic activities and create opportunities for them. So that they can be more active, hopeful, enlightened and take part in country's socio-economic development. One of the objective of the policy is to facilitate integrated healthcare ensuring reproductive health programming and services.

The existing SRH services for young people in Pakistan are essentially being provided by non-government organizations. Over the years, these organizations have made notable efforts for advocacy on youth SRH issues; awareness raising with young people and adults as well as for introduction of Life Skills Based Education (LSBE) modules for adolescent and young people. However, direct clinical, medical and counseling services are still restricted to few organizations who are either limited in outreach or/and limited in the variety of youth SRH services that they can offer. Due to lack of supportive policies and government commitment, the services have low outreach and a cautious approach to avoid back lash or resistance.

DISASTER SITUATIONS

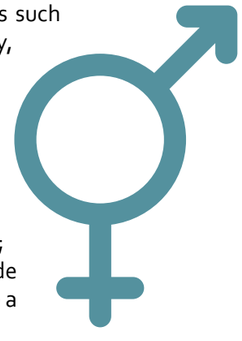
Pakistan is prone to both natural and man-made disasters with the earthquake of 2005, floods of 2010 and 2011 and the internal security and Internally Displaced People (IDP) crises of 2009, 2010, being some of the examples. Such emergencies lead to disruption in the family and societal structures including separation from the family and friends, disruption in educational, social, cultural and livelihood activities. The emergencies may lead to injury and disabilities thus bringing about a change in the roles and responsibilities of young people.

Adolescents and young people also become more vulnerable to violence, exploitation and abuse in such circumstances. Trafficking and selling of young girls, early and child marriages etc. are also reported. The stress and changes brought about in the lives of young people due to the crises situation also makes young people prone to high risk sexual behavior as well as poor health seeking behaviors. The health related services offered post emergencies, tend to focus on maternal health or family planning, with limited or no intervention to address the needs of young people.

The guidelines also cover the basics that can help the Center perform better in such emergencies. However it is recommended, owing to the specific SRH related dynamics and needs post emergencies, that the available specialized manuals and guidelines such as the ' Adolescent Sexual and Reproductive Health Toolkit for Humanitarian Settings' developed by UNFPA and Save the Children, USA be consulted.

GENDER ISSUES

Studies and common observation show that certain groups of young people will face more barriers and challenges in accessing the youth friendly SRH services as well as sexual health threats due to biological characteristics such as age, sex; physical or mental conditions such as disabilities or social characteristics such as class, race, religion, ethnicity, occupation identity in the society etc. These variables may give rise to unequal power relations, thus increasing vulnerabilities. A youth friendly SRH service would need to be aware of these vulnerabilities so that these can be dealt with extra care and sensitivity. These vulnerable groups include; adolescents, young married girls, young people who been sexually abused; involved in commercial sex; refugees and migrants; out of school, working children; street children; those using alcohol or drugs; young people with mental or physical disabilities; transgender people etc. Since Pakistan is prone to both natural and man-made disasters, adolescents and young people affected by such disasters also become a vulnerable group.



Studies done globally as well as in Pakistan highlight the gender discrimination faced by adolescent and young girls such as limited education, health and career opportunities; restrictions in mobility; early and child marriages; harmful traditional practices, honor killing; domestic violence; sexual violence and harassment. Lack of information, limited access to health services and social support also increase the risk of pregnancy related complications and maternal mortality. Thus adolescent and young girls, become a vulnerable group requiring special attention. SRH services need to be aware of these vulnerabilities so that these can be responded to through measures at the level of health facility, service and program design characteristics.

It is also recommended that services provided through the centers can help do away with gender stereotypes through addressing gender issues in its awareness raising campaigns, material, publications; introducing activities in the facilities and centers thought to be exclusively for boys or girls; as well by generating debate and discussion among young people on gender discrimination and related issues.

WHAT IS YOUTH FRIENDLY HEALTH SERVICES-YFHS?

According to World Health Organization (WHO) Youth friendly health services are able to effectively attract young people, meet their needs comfortably and responsively, and succeed in retaining young clients for continuing care. World Health Organization (WHO) identifies five key dimensions of YFHS:

- Equitable
- Accessible
- Acceptable
- Appropriate
- Effective

Youth Friendly Sexual and Reproductive Health Service Checklist requires that the adolescent friendly SRH services should be 'safe, effective and affordable; meet the individual needs of young people (adolescent males and females) who return when they need to and recommend these services to friends'.

Guide for developing Policies on Sexual and Reproductive Health and Rights of Young People in Europe defines that Youth Friendly Services are those that effectively attract young people, respond to their needs and retain young clients. Understanding of what young people want in the context of their community and society is an essential aspect of this definition.

Youth friendly health services should include a wide range of services covering all aspects of youth health with referral to specialists and specialized services. Some of these youth friendly sexual reproductive health services must include:

1. Information about SRH issues
2. Counseling
3. Services for those who experience sexual, physical or emotional violence
4. Family planning services
5. Pre and post natal care
6. Pregnancy testing
7. Contraceptive provision including emergency contraception
8. Post abortion care
9. STI/HIV testing and treatment.

The services could be provided through a variety of settings such as in places where young people meet, like schools or youth centers or through adolescent only hours in the existing facilities such as hospitals, clinics etc. Formal structures through which services are provided to young people constitute a youth friendly center. The centers can be accessed by young people to obtain SRH specific information and services as well as address other needs such as life skills and recreational activities. The centers can be in a permanent place or mobile; separate or part of a hospital, association etc. Studies about the effectiveness of these centers indicate that they are highly valued by young people as they fulfill their recreational as well as sexual and reproductive health needs.

CHARACTERISTICS OF YFHS

- Convenient location
- Adequate space
- Counseling areas that provide privacy
- Examination areas that provide privacy
- Comfortable surroundings
- Private approach
- High quality adolescent health material available.
- Clear and visible information about youth clinic hours and locations
- Display of information and health education material on issues related to adolescent and youth SRH.
- Teen focused information posters displayed.

WHY INVEST IN YOUTH FRIENDLY HEALTH SERVICES?

- Sexual and reproductive health is a fundamental human right.
- It has a direct relationship with country's development indicators.
- It plays an important role in reducing poverty and ensuring health.
- It is linked to basic human rights including right to life, freedom, choice, health, education and impacts different forms of discriminations prevalent in society.
- Denying these rights can lead to greater vulnerabilities to gender-related ill health, unintended pregnancies, maternal death, harmful cultural practices and sexual and gender based violence.

YOUTH SRHR CHALLENGES

Young people often have no knowledge about their sexuality and consequences of their sexual behaviors; have high risks of pregnancy and abortion and sexually transmitted diseases including HIV and AIDS; are victims of sexual violence, exploitation, prostitution and discrimination.

A major factor contributing to the poor SRHR status of young people in Pakistan is the traditional and socio-cultural set of beliefs that frown upon any discussion of sexual reproductive health issues with young people.

Early and child marriages and low contraceptive prevalence give rise to high fertility rates and also contribute to the maternal mortality ratio.

The overall contraceptive prevalence rate among women of reproductive age is 30% which is even lower than this among ever-married females ages 15-24 years (17.6%). Data indicates that 96% of 20-24 year old females married by age 15, had either had a child or were pregnant.

RIGHT BASED APPROACHES

The guidelines adhere to a rights based approach which views young people as important actors and not just mere recipients of services. These guidelines also adhere to the rights of young people as stated in the various international declarations and conventions including Rights as stated in the Child Rights Convention (CRC), International Cairo Conference on Population and Development (ICPD), UNFPA framework for action on adolescents and youth, IPPF charter on Sexual and Reproductive Rights, Universal Declaration of Human Rights (UDHR). Pakistan is a signatory to some of these.

Following are the sexual and reproductive health and rights as defined by International Planned Parenthood Federation in its Charter on SRH and accepted by all rights based institutions:

1. The Right to Life
2. The Right to Health
3. The Right to Privacy and Confidentiality
4. The Right to Liberty
5. The Right to Equality
6. The Right to Freedom of Thought
7. The Right to be Protected from Harmful Practices
8. The Right to Protection from Disease, Violence
9. The Right to decide freely whether and how to control fertility and other aspects of their sexual health
10. The Right to be treated with Respect and Dignity
11. The Right to Freedom from Abuse, Exploitation and Discrimination The Right to Information and Education
12. The Right to Health Care and Health Protection
13. The Right to be free from Torture and Ill treatment
14. The Right to Participation
15. The right to Access Services regardless of race, gender identity, sexual orientation, marital status, age, religious or political belief, ethnicity or disability
16. The Right to Recognition everywhere as a person before the law

WHO IS A SERVICE PROVIDERS?

Any person who is trained to provide any sort of clinical and counseling services is a service provider. These would include doctors, nurses, community health workers, paramedics, psychologists trained to work with young people on SRH issues.

A major reason for SRH services being of poor quality or underutilized is due to the service providers' imposition of his/her own values while providing services to young people. Preaching is not part of a 'youth friendly service'. It is important that the service providers check their attitude towards young people especially regarding sexuality and are aware of their willingness and interest to work with young people. Awareness about own values and beliefs and how these need to be separated during work with young people on SRH to create a non-judgmental and neutral atmosphere must also be kept into consideration and constitute the basic ethics of the service.

SRH services for young people especially those for unmarried young people is a relatively new concept in Pakistan with a general lack of information as well as discomfort around discussion on SRH issues of young people. This leads to many misconceptions, doubts as well as fears about the purpose of the services. Provision of information about the rationale, benefits of services through regular dialogue with important stakeholders such as parents, teachers and community workers etc. becomes important. While this can help create support for the services in the community, it should be done in a manner that the values of protection, maintaining confidentiality of services and promotion of SRH rights are not compromised. Information services can also be provided to parents to cater to their needs and to help decrease the communication gap between parents and adolescents.

The Guidelines provide detailed information for recruitment, code of conduct and other 'must know' facts when dealing with young people's health in a separate section.

GUIDELINES

The guidelines below have been divided into three major components, focusing on characteristics of health facility, service providers and program design.

1. Health facility
2. Service provider
3. Program design

It is recommended that these guidelines be formally adopted by systems and procedures put in place to ensure the practical applications of these guidelines. Staff orientation to these guidelines is also recommended.

HEALTH FACILITY CHARACTERISTICS

LOCATION

Ensure that the service facility is located at a place which can be easily accessed by diverse groups of young people including both boys and girls (married and unmarried) of the community/locality/city as well as marginalized groups of that community.

ENVIORMENT

The environment should be comfortable and clean with sufficient place for people to wait till they meet with the service provider.

Youth friendly reading material, posters etc. should be placed in the facility so that young people have opportunities to gain information about a wide range of issues.

Unrelated staff from other departments (especially if located in a health facility) etc. should have limited access to the youth facility in order to make the environment more comfortable for young people.

Interaction with young people should only be limited to those assigned for dealing with their concerns for example, staff at the reception, service providers.

The waiting time should not be long or the waiting place must not be overcrowded as this may make young people feel uncomfortable due to the fear and apprehension that they may be seen seeking services by someone they know.

TIMING

Timings of the facility should be such that they suit most of the young people. For example, it would be important to ensure that the closing time of the services do not clash with the school, college timings.

In order to ensure that services are availed to out of school youth, working young people, making services available in late evenings and over the weekend can also be considered for certain communities.

Young people may not necessarily take appointments to seek services and there may be drop-in clients, thus services must be equipped to deal with the influx of drop-in clients.

SEPRATE SPACE & TIME

If the service for young people is part of the mainstream health service, it is suggested that there is either separate timings or/and separate space to provide young people services.

Additionally, consideration for separate time and space for young adolescents as well as girls may be needed in a particular community in order for these groups to feel more comfortable in accessing services.

Young people must also have a choice of whether they want the services from a male or female provider, keeping the cultural and gender dynamics into consideration

PRIVACY & CONFIDENTIALITY

The rooms where counseling and clinical services are provided should allow for privacy to young people to talk openly. The separation should not be artificially created through putting up a curtain, or in a room with glass walls as both auditory and visual privacy is required.

Interruptions during examination and counseling and noise outside the rooms should also be avoided.

Contraceptives can be kept in the basket at the facility in case young people are hesitant to ask the service providers for these.

FEE

Services for young people should ideally be free of cost or if that is not possible, they should be affordable.

The fee for specialized services such as clinical examination, treatment can be charged based on a sliding scale developed keeping in mind the type of service required, socio-economic status as well as vulnerabilities of young people.

INFRASTRUCTRE & SUPPLIES

The services must be located in a facility where the waiting area is sheltered from rain and sun, with availability of clean drinking water.

The counseling and clinical procedures must be undertaken in a private room/place.

It is suggested that separate entrances and reception areas for male and females be provided.

It is suggested that separate washrooms for male and female clients, clearly marked as such must be available.

The medical equipment and supplies should be available for the services being offered.

The service providers and staff should also have a place/room where they can meet during breaks and for discussions.

GENDER SENSTIVE

Can the facility be easily accessed by young girls of the community from diverse backgrounds?

Have the varying needs of young women and men considered in the overall environment of the facility? (Waiting area, timings, privacy, comfort in interaction between young men and women etc.)

Are there separate washrooms for young men and women?

NO.	CHECKLIST FOR ESSENTIALS OF YOUTH FRIENDLY HEALTH SERVICES
1.	Accessibility of facility : easily accessible to all groups of young people
2.	Choice of male and female doctor
3.	Separate toilets for males and females
4.	Accessible clinic hours : timings suits young people
5.	Comfortable gender- sensitive Clinic environment
6.	Youth friendly staff attitude & behavior
7.	Staff capacitated to deal with youth issues
8.	Range of Services provided include primary health and SRH
9.	Services provided to key populations
10.	Services provided to unmarried youth
11.	Support provided by Peer education/counseling
12.	Availability/Display of Educational material
13.	Youth involvement in policy making & implementation
14.	Supportive policies in place
15.	Awareness among young people about the existence of these policies
16.	Facilitative Administrative Procedures
17.	Publicity/promotional activities to highlight youth services & confidentiality being undertaken
18.	Flexibility in fees charged -preferably fee services for all

SERVICE PROVIDERS' CHARACTERISTICS

HIRING AND RECRUTMENT

EXPERIENCE

The hiring and recruitment process for the service providers must keep in mind a number of factors such as the past experience of working with young people; relevant educational background; age (young people should be given a preference); gender and other specific characteristics due to which young people would feel comfortable coming to the services.

ATTITUDE

While the above mentioned factors are important, the most critical aspect to be considered in hiring of the service providers is their attitude towards young people especially regarding sexuality and their willingness and interest to work with young people. The awareness about their own values and beliefs and how these need to be separated during work with young people on SRH to create a non-judgmental and neutral atmosphere must also be assessed during the 'hiring and recruitment' process.

AGE

The mere fact that the service provider is young does not make a service 'youth friendly'. It would require the provider to believe in the rights of young people to choose, access services and exhibit a non-judgmental and respectful attitude free of personal biases.

REFERENCE

Reference checks of the potential staff/service provider must take into account the above mentioned traits. Reference check must also include questions about past record of violations related to child protection issues and harassment. Where possible police verification must be obtained to ensure that the provider has no previous criminal record.

PEER COUNSELOR

Hiring of young people as peer educators and counselors must also be considered as experience has shown that young people are more comfortable seeking information and services from other young people, who have the required attitude, knowledge and skills related to SRH issues.

TRAINIGS AND REFRESHERS

To provide effective services on SRH issues to young people, it is suggested that service providers should be provided with trainings that address three important components such as their personal attitude, knowledge as well as skills.

A major reason for SRH services being of poor quality or underutilized is due to the service providers'

imposition of his/her own values while providing services to young people. Preaching is not part of a 'youth friendly service'.

TRAINING MATERIAL MUST INCLUDE:

- Youth Friendly Services and their role as service providers
- Self-awareness including understanding of personal stressors, biases etc.
- Views and beliefs regarding young people especially related to sexuality and gender identity.
- Personal comfort around sexuality issues
- Personal comfort (of both male and female) in dealing with transgender and young people with varying sexual identity.
- Importance of ethics of confidentiality, privacy, respect, non-judgmental attitude
- Adolescent development including feelings, body image relationship issues, adult-adolescent relationship, peer pressure, bullying, gender dynamics etc.
- Youth SRH issues including bodily changes, myths and misconceptions.
- Sexual identity and practices
- Family planning and contraception
- STDs and HIV/AIDS
- Drug abuse
- Domestic violence and sexual abuse
- Gender sensitization and prevention of gender based violence
- Communication skills
- Age of consent, parental consent and laws and regulations that affect SRH service provision to young people
- Basic counseling skills including information about mental health issues
- Crisis management skills (including rape, suicide, post abortion care, mental illnesses etc.- medico legal procedures in the case of rape)
- Stress management
- Ethics and personal code of conduct
- Developing and following up on the referrals
- Dealing with vulnerable groups and their special needs (including young people with disabilities, transgender, as well as those living/working on the streets, taking drugs or with different gender and sexual identity)
- Abortion related issues for married and unmarried youth
- Laws and regulations in Pakistan specific to health and violence issues
- International Commitments related to young people including UNCRC, UDHR, ICPD, UNFPA Frame work for Action on Adolescents and Youth
- Ways of improving and expanding Life Skilled Based Education
- A system should be put in place which ensures training at the time of induction as well as for regular refresher trainings for staff.

Training for non-medical, non-clinical staff such as the people at the reception, guards etc. on 'interpersonal, communication skills' and basic 'youth SRH issues' must also be conducted.

PRIVACY AND CONFIDENTIALITY

- They maintain privacy and confidentiality of the young person seeking SRH services.
- They respect the young person seeking services evident through their tone, body language and words used.
- The interaction with young people is not rushed, with sufficient time allocated for the young person to share his/her concerns and obtain information. Young people may feel shy in opening up immediately and would require time to share.
- Information and clarification related to the issue being discussed is provided to young people for example information about bodily changes, myths and misconceptions related to it etc.

GENDER SENSITIVE

- Do young men and women have the choice of male and female providers?
- Is the gender sensitivity of the service providers explored at the time of recruitment?
- Are service providers given gender sensitization trainings including exploration of their own attitude and expectations about how young men and young women should be/act?
- Do service providers have the skills to explore vulnerabilities during their interaction with young people?

CODE OF CONDUCT

The 'code of conduct' given below highlights important ethics of working with young people on SRHR issues. A service provider should:

- Respect all young person seeking services regardless of personal values, religious background, cultural norms etc.
- Do not perpetrate stigma and discrimination based on young people's sexual or/and gender identity, their status as HIV positive or when dealing with young people who are using drugs, sexually active, in commercial sex work.
- Do not judge the actions and decisions taken by young people.
- Support them in making healthy choices but do not preach or insist on own point of view.
- Maintain privacy and confidentiality of the young person seeking SRH services (includes privacy within the service, use of information about the young person outside the service, keeping records safe under 'lock and key'.) Seek permission from young person in case any personal, identifying information including photographs are being shared outside the service.
- Maintain a professional relationship with the young person (includes norms within and outside the service; receiving and giving gifts, other benefits; sharing of service provider's own personal details etc.).
- Do not use of drugs or any other intoxicant at the service
- Do not indulge in any sexual or romantic relationship with the young person seeking services.
- Do not sexually, physically harass the young person (includes inappropriate conversation of sexual nature, sexual jokes, remarks, gestures, sexual acts, abuse of authority and creating a

hostile environment etc.)

- Avoid any physical contact with the client (except if the medical condition, disability requires such interaction)
- Do not make fun of/put down the young person seeking service.

Being Youth Friendly does not mean that the service provider:

- Shares personal information and details.
- Takes or gives any favors, gifts etc.
- Becomes friends with the young person.
- Shares jokes, remarks, gestures that are of sexual nature.
- Develops intimate, romantic or sexual relationship with the young person.
- Misuses his/her position to get any sort of favors from the young person.

PROGRAM DESIGN CHARACTERISTICS

PARTICIPATION OF YOUNG PEOPLE

1. Young people should not be merely seen as recipients of the service alone. They must be involved in all aspects of program design, i.e. starting from when the services are being planned to their actual implementation to the ongoing evaluation of the services for betterment and improvement. In addition their role in policy level advocacy and meaningful engagement through youth-adult partnership must also be kept in consideration.
2. Young people from varied backgrounds must be part of the program design process in order to ensure that they represent the varied groups of young people of the particular community.
3. An important reason for under-utilization of the health services by young people is attributed to their lack of involvement in planning, implementation and evaluation of the services. As a result young people feel that the services may not be addressing their needs.
4. Their involvement should not be a mere token representation with no active, meaningful engagement and participation.
5. Some of the areas where young people's meaningful participation must be ensured include:
   a. In identifying the needs especially the SRH needs of the particular community where the services will be offered
   b. In identifying the special needs of male and females, married/unmarried, out of school/ in school, vulnerable and disadvantaged groups
   c. In determining the timings, location, fees etc.

   In suggesting innovative ways of publicizing, promoting the services among young people
   d. In monitoring quality of services, giving feedback and suggestions for improving provider and client interaction. This could be done through anonymous feedback mechanisms by placing a 'suggestion box' in the facility as well as through direct feedback by involvement of young people in planning meetings of the services, open feedback forums, exit interviews etc.
   e. As peer educators and counselors.

   f. In policy level advocacy
   g. Nature of services and Referrals

REFERRAL SYSTEM

Services for those who experience/ have experienced violence including emotional, physical (domestic violence), sexual violence (harassment, rape) etc. are another important component of YFHS.

If all these services cannot be provided by a facility, linkages and referrals must be built with those who provide such services. Assessing the sensitivity, youth friendliness of the referral service would be essential before referring young clients.

Referrals for social services must also be developed through networking with NGOs, community based organizations and other sectors. Some important referrals include:

- General health
- Drug rehabilitation centers,
- Crisis centers,
- orphanages and shelters
- Psychiatrists, mental health professionals
- Legal services, lawyers
- Police authorities
- Financial aid providing institutions including income generation programs
- Gender Based Violence centers

Feedback should be taken from young people availing referrals to assess sensitivity and quality of services, at a regular basis.

COUNSELING AS A CORE SERVICE

It is recommended that counseling be included as a core component of the SRH service. Counseling provides young people an opportunity to process their thoughts and feelings regarding growing up issues, bodily changes, SRH services etc. It also provides them the space to overcome the inhibition and apprehension often experienced while sharing concerns, discuss sensitive issues resulting in better insight about their feelings, behaviors and decisions etc.

It would be ideal to have psychologists available in youth friendly SRH services. In addition the doctors, nurses, peer counselors must all be trained in basic counseling.

SOURCES OF INFORMATION

All young people may not be comfortable seeking information through face to face discussion with the service provider. Thus, making information, service available, publications and audiovisual materials available is recommended.

Cultural sensitivity and youth friendliness of the material must be ensured in order to avoid backlash. Care must also be taken in deciding about "how" and "who" will provide the information.

Opportunities to discuss SRH related issues with peer through supervised group discussions, may also help young people gain information as well as gain an insight about how other young people may have similar or different experiences. However, all young people may not be comfortable in a group setting.

Due to the challenges of access etc., getting young people to access SRH services in person may not be feasible. In such instances availability of telephone help lines, online counseling services, services in schools, mobile services etc. can also be explored.

PUBLISIING AND PROMOTING SRHR SERVICES

Publicizing the services including the type of services offered, timings and location etc. is essential to ensure that young people are aware of the existence of the services.

This should be done through a variety of sources in order to ensure that a diverse group (married/ unmarried, in school/out of school, working boys and girls, transgender people), of young people is reached. These sources may include dissemination of information through print and electronic media, community orientations and youth volunteers. Places suggested for promotion are those frequented by young men and women of the community such as schools, colleges, youth clubs, hostels, market places, skill development centers, workplaces etc.

Promotional messages should be easy to understand and address some of the concerns young people may have about availing the services along with information about type of services, timings, location and confidentiality etc.

SYSTEM, POLICIES AND PROCEDURES

It is recommended that at the time of hiring, the contract of the service providers must include an undertaking or code of conduct regarding professional ethics of ensuring a neutral, unbiased and non-discriminatory approach which is focused on helping young people make life decisions and SRH related choices instead of preaching based on personal values and beliefs.

Global experience of work with young people, vulnerable groups etc. highlights the vulnerability to abuse by care givers and service providers. Thus it is important that a sexual harassment and a child protection policy is also put in place that the service providers formally sign and abide to. Creating mechanisms to communicate these polices to young people to ensure transparency and accountability would also be important.

Evaluation System of service provider should takes into account the feedback of supervisor, colleagues as well as the young people who avail the services. This would need to be done on regular intervals as well as through formal six monthly or annual formal appraisals. It is recommended that a standard performance appraisal checklist be

GENDER SENSITIVITY

1. Are young girls given opportunities (at times more than young boys) to participate at all levels of the program design of the facilities?
2. Are the services based on basics of empowerment?
3. Do they represent a diverse group of young girls (age, marital & socio- economic status, education etc?)
4. Are there sensitive referrals available for social support services including dealing with crisis cases etc.?
5. Are the barriers to information, access etc. explored from the angle of the varying challenges experienced by young men and women?
6. Are concrete measures taken to address access issues experienced by young girls? (through provision of services at girls schools, community centers, mobile services etc.)
7. Is the information, publications gender sensitive? And is there material and information available about gender discrimination and related issues?
8. Are the policies addressing gender issues especially regarding child protection, sexual harassment etc.? Is there a Complaint Mechanism in place to report violations?
9. Is gender disaggregating data collected? And is it used to make services more responsive to gender needs?
10. Are gender dynamics explored as part of the research and analysis?
11. Is there a mechanism in place to ensure privacy and confidentiality?
12. Are the activities trying to change gender stereotypes?

Working with young people on SRH issues, may evoke emotions in the service providers due to their own past experiences, beliefs etc. that could hamper the effectiveness of the services. In addition, dealing with crisis situations, or heavy case load may cause stress and eventual burn out. To deal with this, it is recommended that there be a system of 'case and stress debriefings' with experienced professionals and supervisors.

There should be careful assessment of service design and location in order to ensure the safety of the service provider, facility, staff and young people accessing service.

Counseling, Crisis Case Management, Clinical Management, Confidentiality (that covers record keeping of client information, permission for use of information, pictures etc.) policies are also recommended.

The registration and other record keeping forms that the clients have to fill (or are filled by service providers in case young people cannot read or write) should not require unnecessary information that can make young people uncomfortable.

ARE THE SYSTEMS & POLICIES IN PLACE FOR?

1. Referrals (identifying sensitive referrals with complete information about type of service, nature)
2. Personal code of conduct (professional relationship, confidentiality , non-discrimination, respect and choice)
3. Privacy (use of data/client's personal information, record keeping of client, media/press releases etc. informed consent when sharing information and in cases where parental involvement is required)
4. Service providers and staff training
5. Child Protection Policy
6. Anti-Sexual Harassment Policy including harassment at work place
7. Crisis Case Handling
8. Stress debriefing and management
9. Security of staff and young people including emergency responses
10. Counseling policies

11. SOPs for the clinical procedures including HIV/STI testing, post abortion care and emergency contraception
12. Monitoring, Supervision, Feedback and Evaluation (including service providers' performance appraisals, client exit interviews)
13. Recruitment (including reference checks, job descriptions with clear responsibilities)
14. Storage and timely ordering of supplies

MONITORING & EVALUATION

Monitoring and evaluating the quality and efficiency of the services must be undertaken through setting quantitative and qualitative indicators, assessment checklists. Some of the suggested indicators are:

Number of young people availing services (age and gender breakdown)

Type of services being availed,

Number of clients revisiting,

Types of referrals made source of information through which young people find about the service, client's rating, exit interviews regarding the quality of service in terms of service providers and health facility characteristics

Monitoring mechanisms must also be made to ensure abidance by the systems, policies and procedures put in place.

There is a dearth of SRH services for young people in Pakistan. Thus it is recommended that a well thought out research design be also included at the time of designing the program to evaluate the impact of the services on young people's SRH and overall improvement of SRH indicators. The research will also help in identifying emerging needs of the young people and will help advocacy efforts for the provision of such services. It is recommended that baseline information be gathered, information about knowledge, attitude and behavior of young people collected as well as qualitative research undertaken to analyze the social and contextual factors underlying the sexual behavior of young people, including gender norms, sexual and physical violence etc.

MUST KNOW

ADOLESCENCE

PUBERTY

During the adolescent years, the body reaches a level of maturity, which sets the stage for the onset of puberty. Puberty can occur anywhere from the ages of 9 to 17, although girls tend to go through puberty a little earlier than boys do. The onset of puberty can occur at different ages depending on the individual's rate of growth and development.

When a girl or boy has reached a certain stage of development, the pituitary gland, which sits in the base of the brain, starts to send signals for the release of hormones into the body. The hormones travel through the blood stream and signal parts of the body to start the process of growth and maturation

associated with puberty. Part of the maturation process occurs with the reproductive organs both in girls and boys, but a number of other changes also occur in the body.

Primary sexual characteristics refer to the biological make up of the reproductive system. In men, having testicles and a penis, for example, are considered primary sexual characteristics. In women having a vagina and uterus, for example, are considered primary sexual characteristics.

Secondary sexual characteristics do not refer directly to differences in reproductive organs in males and females. Rather secondary sexual characteristics are those that often become distinguishable at puberty, brought on by hormone production, and help distinguish between the sexes. The presence of breasts in females and facial hair in males, for example, are considered secondary sexual characteristics. In simple terms, they are the most obvious features of the body that allow us to visually distinguish whether someone is a man or a woman.

HORMONES

Hormones are defined as chemical messengers that are produced by glands in the body and then transported elsewhere by the blood. The role of hormones is to regulate cells in the body. As a result, hormones can create physiological changes in the body and can also effect things such as mood, appetite, and sleep patterns.

HORMONES IN BOYS

The main hormone responsible for puberty in boys is testosterone. Testosterone is produced by the testicles in boys. Before puberty, testosterone levels are fairly low, but after the onset of puberty, testosterone levels start to increase due to chemical messages from the brain. Such an increase in the hormone causes the reproductive organs to grow and mature, starts the onset of sperm production, and causes secondary sexual characteristics to develop. Testosterone is also produced in the female ovaries, although males tend to produce about thirty times the amount of testosterone as females do.

HORMONES IN GIRLS

Females have a combination of hormones that directly control their reproductive development which are estrogen and progesterone. In girls, the key hormones that bring on the physical and mental changes associated with puberty are produced in the ovaries. The production of hormones by the brain and ovaries is responsible for the beginning of menstrual cycle in girls and the occurrence of the secondary sexual characteristics. In addition, the cyclical changes in estrogen and progesterone levels directly effect the maturation of eggs in the ovaries, thus regulating the release of one egg every month during ovulation.

A LIST OF EMOTIONAL CHANGES ADOLESCENTS MAY EXPERINCE DURING PUBERTY

- Feeling closer to, and more dependent on peers and friends
- Feeling less close to, and less dependent on family members and elders
- Feelings of confusion, anger and frustration
- Frequent mood swings
- Feelings of attraction to the same or opposite sex

- Feelings of insecurity about ones physical appearance and talents
- Feeling curiosity towards one's body
- Feelings of bitterness towards rules and regulations specially those set by the family
- Feelings of being an independent adult as well as a dependent child
- Feeling the need for privacy
- Feelings of low self-esteem

MENSTRUAL PROBLEMS

Two of the most common menstrual syndromes are defined below:

Amenorrhea is a condition characterized by absent menstrual periods for more than three monthly menstrual cycles.

Dysmenorrheal is a condition characterized by severe and frequent menstrual cramps and pain during menstruation. In general, the menstrual cycle may be irregular for the first several years after it has begun in girls. With time, however, the cycle should settle down, and a consistent menstrual cycle is an indicator of healthy reproductive system.

Along with the absence or excess of menstruation, girls should be encouraged to see a doctor if they have any of the following symptoms:

- They have not started menstruating by age 16.
- Their period is very heavy and there is excessive bleeding.
- Their period suddenly stops.
- Their period lasts for longer than the usual amount of days.
- Their period is accompanied by a great deal of pain.

MENSTRUAL HYGIENE

The following information should be shared with the young people:

- Use a sanitary napkin to absorb blood (good idea to keep one on at all times specially in the beginning as the cycle can be erratic)
- If cloth is used to absorb the blood then make sure it is properly washed and dried as re-used cloth can harbor bacteria
- Tampons can also be used – tubes of cotton that are inserted into the vagina cannot get lost in body as cervix is too small for a tampon to get into uterus should be changed every 4-6 hours and not worn at night
- Bathe regularly during period – necessary to keep area clean
- menstrual blood is not dirty, it is simply blood and tissue that does not clot like other blood in the body when exposed to air
- Exercise is not prohibited, it can even make cramps feel better

Menstrual discomfort

Menstrual discomfort varies from person to person. Some women experience cramps before and during their periods. Cramps are caused by the tightening and relaxing of muscles around the uterus. Some

suggestions for dealing with cramps include the following:

- Take a warm bath
- Apply a hot water bottle to the abdomen
- Exercise or take a walk
- Drink hot fluid
- Drink lots of water
- Get enough sleep

Take medication which contain Ibuprofen, such as Ponstan, for severe cramps cIf cramps persist see a doctor

It is important for young people to know that some women also experience premenstrual syndrome (PMS) before their periods due to hormonal imbalances. Symptoms can include: mood swings, bloating, pimples, tender breasts, food cravings, headaches, constipation, and feeling tired and/or irritable. PMS can be made easier with regular exercise and proper nutritional intake.

MUST KNOW

FAMILY PLANNING METHODS

In our country a large number of girls get married during their teens. According to medical science a girl's body is not ready for child bearing before 18. Therefore, to avoid pregnancy you can rely on any of the following birth control methods.

PILL

Not only is the pill up to 99.7 percent effective against pregnancy, it's got other health benefits — including less acne, fewer menstrual cramps, and more regular periods. But it's only effective if taken every day.

IMPLANT

This is a long-term method of birth control. The implant (Implanon) is a small rod that a health care provider inserts under the skin. It protects against pregnancy for three years and is more than 99 percent effective.

PATCH

It's a thin plastic patch that is applied to the skin once a week for three weeks, followed by one patch-free week. The patch contains the same hormones as the pill, so researchers believe it has the same health benefits, including less acne, fewer menstrual cramps, and more regular periods. It's up to 99.7 percent effective against pregnancy.

SHOT

The shot (Depo-Provera) may be a good choice for those who want birth control to last a few months. The shot has to be taken from a health care provider once every 12 weeks. It's also a very private method — there's no packaging. It's up to 99.7 percent effective against pregnancy.

CERVICAL CAP

The cervical cap (FemCap) is an option for those who don't want to use a hormonal method of birth control. It's a small silicone cup, containing spermicide, that's inserted into the vagina before sex. A health care provider's prescription is required to decide what size cap is needed. One cap can last for up to two years. Caps are not as effective at preventing pregnancy as many other methods of birth control. (All the above methods do not protect against sexually transmitted infections.)

CONDOMS

Sexually transmitted diseases (STDs) are really common. Besides abstinence and outer course, condoms and female condoms are the only kinds of birth control that also protect against STDs, including HIV. Condoms are up to 98 percent effective against pregnancy, and female condoms are up to 95 percent effective. It's very important to learn how to use condoms correctly in order to reduce the risk of getting STDs. Condoms can be bought without a prescription.

MUST KNOW

SEXUALITY TRANSMITTED INFECTIONS

Infections can occur because of certain habits, lack of hygiene, certain medication, and sex with an infected person. Infections can affect the genitals and other parts of the body. They may be transmitted through the genitals or other organs through sexual acts. Some infections that affect the genitals may have nothing to do with sex; they also happen to people who are not sexually active. However, these infections may have symptoms that are similar to those caused by Sexually Transmitted Infections (STIs). The older term for these infections was STDs meaning Sexually Transmitted Diseases.

WHAT IS A SEXUALLY TRANSMITTED INFECTION-STI?

An STI is a bacterial or viral infection that is transmitted almost predominantly by sexual contact.

HOW MANY DIFFERENT TYPES OF STIS ARE THERE?

Different types of STIs include curable infections such as Chlamydia, Gonorrhea, Syphilis, Pubic lice and Scabies. The non-curable infections include Genital herpes, Genital warts, AIDS/HIV and hepatitis B.

DIFFERENT TYPES OF STIS

Virus: AIDS and HIV; Genital Herpes; HPV; Hepatitis B.

Bacteria: Chlamydia; Gonorrhea

Infestation: Pubic Lice

Most types of STIs are curable and have no long-term harmful effects on the body if caught early and treated. However, many STIs also do not have obvious symptoms, particularly in women, which mean that they can only be detected through regular testing.

WHO IS AT THE RISK OF CONTRACTING STI?

- Have unprotected sex (without using a latex condom or if the condom breaks)
- Partner has, or has had, an STI
- Have a new sex partner whose sexual history is not known
- Partner or the person have sex with other people
- One or both partners use injectable drugs
- One or both partner share needles for body piercing or tattoos

WHAT ARE THE COMMON SYMPTOMS OF STIs?

- Sores, bumps or blisters near the genitals, anus or mouth
- Itching, bad smell, dripping or unusual discharge from the genitals or anus
- Pain in lower abdomen
- burning or pain when urinating
- For women: bleeding from the vagina between the menstrual periods

MUST KNOW

GENDER BASED VIOLENCE

DEFINTION AND FORMS OF GENDER BASED VIOLENCE

Gender-based violence is violence that is directed against a person on the basis of gender or sex. It includes acts that inflict physical, mental or sexual harm or suffering, threats of such acts, coercion and other deprivations of liberty. While women, men, boys and girls can be victims of gender-based violence, women and girls are the primary victims.

The United Nations Declaration on the Elimination of Violence against Women (1993) defines the term violence against women in Article 1 as "Any act of gender- based violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to women, including threats of such acts, coercion or arbitrary deprivations of liberty, whether occurring in public or in private life". These acts include: spousal battery; sexual abuse, including of female children; dowry-related violence; rape, including marital rape; female genital mutilation/cutting and other practices harmful to women; non-spousal violence; sexual violence related to exploitation; sexual harassment and intimidation at work, in school and elsewhere; trafficking in women; and forced prostitution.

The 1995 Beijing Platform for Action expands on this definition, specifying that violence against women includes: violations of the rights of women in situations of armed conflict, including systematic rape, sexual slavery and forced pregnancy; forced sterilization, forced abortion, coerced or forced use of contraceptives; prenatal sex selection and female infanticide. It further recognizes the particular

vulnerabilities of women belonging to minorities: the elderly and the displaced; indigenous, refugee and migrant communities; disabled; women living in impoverished rural or remote areas, or in detention.

CHILD SEXUAL ABUSE-CSA

Child Sexual Abuse is defined as any activity in which an adult or older child uses a younger child in a sexual way. This ranges from relatively milder forms such as touching/ fondling, showing one's own or looking at the child's private parts, to more severe forms such as rape.

SOME OF CHILD SEXUAL ABUSE FACTS

- Child abuse occurs in all income levels not just low income households
- Girls and boys are abused equally
- Abusers can be men and women
- Child abuse encompasses physical and psychological sexual contact
- Children do not make up stories about abuse
- Children are often too scared to report abuse
- Abusers prey on shy, quiet and introverted children
- Child sexual abuse can have long-lasting effects on personality, even if it happened at a young age, or just once, or wasn't very severe.
- Most victims of child sexual abuse are afraid to disclose their abuse, and many never do, due to embarrassment, shame, guilt, the fear of upsetting family members and the fear of being disbelieved or blamed. Abusers may also use threats.
- Child sexual abuse is NEVER the fault of the child!
- Anyone can be an abuser but it's usually someone the child knows

HOW DO ABUSERS MAKE CHILDREN LISTEN TO THEM?

- Threaten to hurt them or their family
- Give them gifts and make them feel appreciated
- Tell them to keep secrets
- Earn their trust so they will listen to them

MUST KNOW

RAPE SURVIVORS

WHAT IS RAPE UNDER PAKISTANI LAW?

According to section 375 of the Pakistan Penal Code, Rape takes place when a man has sexual intercourse with a woman under circumstances falling under any of the five following descriptions:

1. Against her will
2. Without her consent
3. With her consent, when the consent has been obtained by putting her in fear of death or hurt.

4. With her consent, when the man knows that he is not married to her and that consent is given because she believes that the man is another person to whom she is or believes herself to be married: or
5. With or without her consent when she is under age.

Additionally, the law also states that penetration is sufficient to constitute the sexual intercourse necessary to the offence of rape.

Any man who is convicted of gang rape can be sentenced to death or a jail term of not less than twenty five years.

WHAT ARE THE RIGHTS OF THE SURVIOVRS OF RAPE?

The survivor has the right to press charges against a man or group of men who rape or attempt to rape. Below is the procedure that can be adopted to press charges against the culprits and should be followed in the order mentioned:

1. If it has been less than 24 hours since the incident, without bathing

   or washing clothes, the survivor should go straight to any of the Government hospitals and ask for a female Medico-legal Officer to examine her;
2. If more than 24 hours have lapsed since the incident, than the survivor can go to the Police Surgeon's office and ask for a woman to examine her. Whether it has been less or more than 24 hours, it is essential that the survivor takes the clothes she was wearing at the time of the incident with her as they may be carrying evidence against the culprit. This evidence would help prove the case in court. Suggest to the survivor to take someone she trusts or who knows the procedure involved.
3. A reference slip will be provided for your examination by the woman MLO. If this is not provided, it is the survivor's right to ask for it. The report is given within a few days time, not exceeding two weeks.

How to lodge the First Information Report (F.I.R.)

Tell the survivor to.....

State her name, father's name, residential address and the date and time of the incident first.

Narrate all the facts and details of the incident in full and honestly

Register the eye witness's name, if any, and his/her father's name

If she is not an adult yet, request a close relative or someone she trusts to fill out this information

Provide all this information to the Town Police Officer (T.P.O.) at the local Police station in her area of residence.

Make sure that if she has not gotten her medico legal examination done till this point, she should go for it as soon as possible, escorted by any Police Officer from the Town Police Station.

If you know the perpetrator's name or his father's name, tell the concerned authorities. Otherwise, describe appearance(s), age, height, etc. 43

If the survivor does not find a woman MLO in the office, it is her right to request for one. Women MLOs are required to examine all walk-in cases of rape free of charge and promptly.

If the doctor sends the survivor's clothes and other evidence for forensic test to the Chemical Examiner's Office, the doctor may not give the survivor, her medical certificate for a few weeks until the results of forensic test have been made available. She will, in that case, be given one comprehensive report in a few days or possibly weeks.

Remember all that is recorded in her medico legal and FIR is most crucial to her case. Should anything go unreported, her case can weaken in the court, making prosecution difficult.

Give details of any injures suffered and say whether the person(s) carried any weapons.

Put signature or thumb impression at the end of the report

If she has any cloth(es) or sheet(s) incriminating the perpetrator, hand it over to the police.

It is her right to acquire a readable copy of the F.I.R. Make sure that she keeps a few readable copies with her and store the original in a safe and secure place.

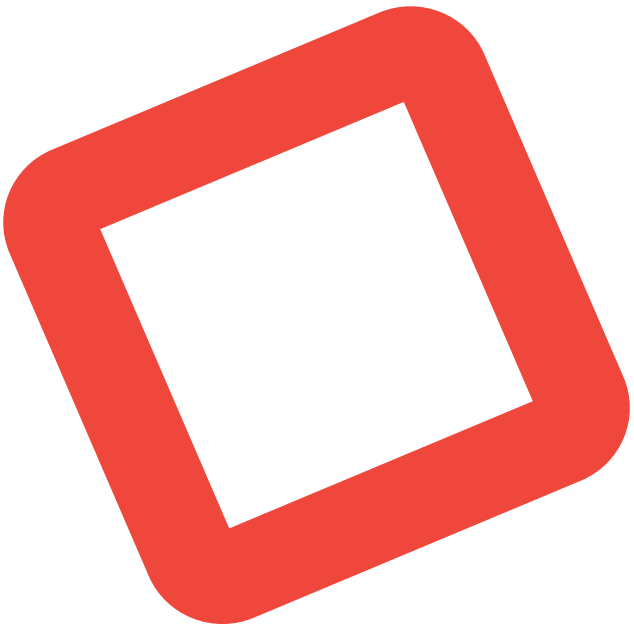
WHAT WILL MEDICAL LEGAL OFFICER DO?

The woman MLO will conduct a medical examination that will include:

1. Checking and recording any marks of violence on the body. If during the course of rape, the rapist left any scars, cuts, wounds, bruises or burns on the body or if the survivors suspect that there are fractures, these should be pointed out to the doctor. It is crucial that all evidence that points towards rape be secured and documented by the doctor.
2. Checking and recording any semen deposits on the survivor's body or clothes, part of the body or clothes where semen is found is usually sent to the Office of the Chemical Examiner for chemical testing
3. Checking the survivor for pregnancy if the survivor is of reproductive age. Girls who have attained puberty have to be tested for pregnancy to make sure that they have not conceived as a result of rape. Often pregnancy tests are not conducted by women MLOs until considerable time has lapsed since the rape. The survivor may have to go back after a some weeks (minimum two weeks) before pregnancy can be detected.
4. Checking and recording signs of sexually transmitted diseases (STDs) and sexually transmitted infections (STIs). Venereal diseases often result from rape, putting the survivor's physical health at stake. Severe vaginal infections can cause excessive bleeding, often leading to death in minor girls. Make sure that the doctor present checks the survivor for any signs of vaginal infection.

After the examination and all tests conducted, the WMLO will issue a medical certificate. Ensure that the survivor stores this in a safe place and make a few readable copies.

Make sure you have contact information of organizations that provide legal and psychological assistance to rape survivors.



forum for dignity initiatives

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